



CALIFORNIA MILITARY DEPARTMENT NOTICE

NGCA-JSD-MP
DISTRIBUTION: TA

CMDI 1100.01
16 October 2015

LIGHT DUTY POLICY

References: See Enclosure A.

1. Purpose. This California Military Department Instruction (CMDI) establishes policy and procedure for service members and employees who may require light duty assignment as a result of a claimed injury under the Office of Workers' Compensation Program (OWCP); Line of Duty (LOD); State Compensation Insurance Fund (SCIF); military profile (DA Form 3349 or AF 422); duty limiting injury (AF 469); or "doctor's note" due to non-work related injury.

2. Cancellation. None.

3. Applicability. This notice applies to all CMD service members and employees.

4. Background. CMD policy is to provide light duty assignments to employees who present current written medical limitations from their treating physician. It must indicate the limitations are "temporary" and are the direct result of an injury which prevents the employee from performing the full range of duties within their assigned classified position. The employee is required to adhere to limited duty until cleared for full duty by the medical provider in writing.

5. Action or Procedure. Employees must follow the following procedures in order to receive consideration for light duty or restricted activity.

a. Dual-Status (DS) or Non-Dual Status (NDS) Technicians.

(1) Injured technicians have the responsibility to report an injury immediately to their supervisor, their military chain of command, and the Occupational Health Nurse (OHN). They must also inform their treating physician that light duty or modified duty assignment is available. The employee is to maintain contact with the supervisor and Injury Compensation Program Administrator (ICPA) to ensure medical status updates are received as required whenever there is a change in their condition or continued total disability.

(2) A duty status report (CA-17) should be completed by the treating physician and supervisor every 4 weeks (30 days) to ensure documentation of assigned duty and limitations is provided to the appropriate personnel office. Immediate supervisors have the responsibility of identifying and offering the light duty assignment (see CMD Form 1100.01) to the injured employee in writing. The offer must be approved by the supervisor and next higher management official within 48 hours to be valid. The HRO will assist in the placement of an injured federal technician in modified duty that they are qualified to perform in either the same or different directorate or area as warranted. If the injured employee refuses light or modified duty assignment continuation of pay may be terminated. The Human Resources Office (HRO) has final authority for light duty assignment determinations for technicians.

b. Military Members (not on state status IAW CMVC).

(1) If injured while in a military duty status, an LOD will be completed for the member that was injured, or who became ill while in an approved duty status (AT, ADT, ADOS and IDT, AGR, Title 10, OCONUS), or traveling directly to or from duty. National Guard personnel performing inactive duty training (IDT) (e.g., drill) shall be considered in a duty status when traveling to or from the place at which such duty is performed or while remaining overnight, immediately before the commencement of IDT; or while remaining overnight between successive period of IDT, at or in the vicinity of the site of the IDT.

(2) A DA Form 2173 or AF 348, Line of Duty Determination Form must be used to initiate an LOD and the service member must seek medical treatment immediately. This form will accompany the service Member to either the medical treatment facility (MTF) or civilian emergency care facility. Prior to arrival at a civilian medical facility, have a completed DD Form 2870, Authorization for Disclosure of Medical or Dental Information. Prior to departure, the service member must obtain any medical documentation from the medical treatment facility.

(3) Any recommendation for restricted activity that has been made by a private physician will be reported in writing, before performing any duty in accordance with (IAW) AR 40-501, Chapter 10-15. It is the service member's responsibility to report any medical problems immediately to the chain of command and to comply with medical restrictions. Commanders will honor the private physician's recommendations until the service member is evaluated by a military provider, and a recommended course of action is determined by a profiling officer. Service members and commanders will abide by the medical restrictions and limitations documented on any profile (DA Form 3349 or AF 469) issued.

(4) If a DS technician is injured while on state or federal active duty, the service member will communicate any limitations to his/her supervisor using the Temporary Profile (DA 3349 or AF 469) received. The service member will work with his/her supervisor to address any duties on a position description (PD) that he/she has limitations, but is not addressed on the profile. TPR 715, paragraph 3-2a (12) requires DS technicians to inform their military chain of command and OHN of any known or newly discovered occupational or non-occupational medical condition(s) that may impair the technician's ability to work safely and/or be medically retained in the military.

c. State Civil Service (SCS), State Active Duty (SAD), or Emergency State Active Duty (ESAD) IAW CMVC.

(1) If injured while on SCS or SAD status, it is the employee's or Service Member's, respectively, responsibility for reporting a work related injury or illness to their first line supervisor as soon as possible. A SCIF Form 3301 (DWC Form 1) is completed by the supervisor and employee within one day of the incident.

(2) In addition to completing SCIF Form 3301, the supervisor will complete the Employer's Report of Occupational Injury or Illness SCIF Form 3067. It is important to remember under no circumstances should the SCIF Form 3067 be completed by the injured employee. Once the forms are completed and signed, they need to be sent to State Personnel office for processing.

(3) Additionally, service members may be required to complete OTAG Form 600-1.

d. Supervisors play an important role in the communication process with respect to duty restrictions due to employee impairment. Supervisors shall consider:

(1) Referring service members and employees to the OHN prior to returning the service member or employee to duty from an absence due to illness or injury that could impair their job performance.

(2) Removing an employee from work duties based on his or her physical inability to perform duties, efficiently and/or safely.

(3) Notifying the personnel office of the service member or employee's inability to perform his/her duties, in order to determine leave options and/or appropriate personnel action.

(4) Communicate and follow-up on the employee's status. There is not a limit to what an employee may discuss with their supervisor as long as it is voluntarily communicated by the employee. Supervisors may consult with employee's health provider to confirm dates, length of time to be off work, or length of time to be on light duty. Supervisors may not share specific diagnosis or medical condition with other employees. Information on timelines and when to expect an employee's return to work may be shared with other supervisors or managers.

e. For non-work related injuries (e.g. skiing incident) resulting in a temporary or permanent disability may request reasonable accommodation IAW CNG FPR 931.

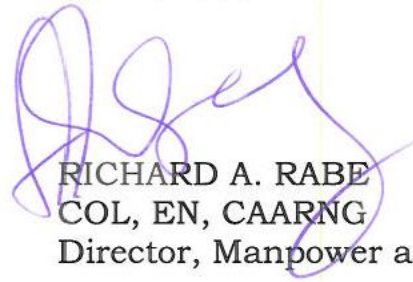
f. Refer to California Military Department Regulation 190-40 dated 4 February 2104 for help in determining whether the illness or injury is a reportable incident. A copy of this regulation may be obtained from the J3 (JOC) or is posted on the California National Guard (CNG) Portal at: <https://ngcaportal.ng.army.mil/sites/pos/staff/Lists/Links/DispForm.aspx?ID=66>

g. For further assistance with;

- OWCP related issues: contact the Supervisory Human Resource Specialist at CAGNET 6-3174, DSN 466-3174 or Commercial (916) 854-3174.
- LOD related issues: contact the Deputy State Surgeon at CAGNET 6-3237, DSN 466-3237 or Commercial (916) 854-3237.
- State Compensation Injury Fund (SCIF) issues: contact the Senior Personnel Specialist at CAGNET 6-3405, DSN 466-3405 or Commercial (916) 854-3405 or the Return to Work Coordinator at CAGNET 6-3310 or Commercial (916) 854-3310.
- Occupational Health related issues: contact the Occupational Health Nurse at CAGNET 6-1422, DSN 616-1422, or Commercial (916) 854-1422.

6. Releasability. This issuance is approved for public release; distribution is unlimited.

7. Effective Date. This notice is effective upon publication.



RICHARD A. RABE
COL, EN, CAARNG
Director, Manpower and Personnel

ENCLOSURE A

REFERENCES

- a. Office of Workers' Compensation Program, 20 Code of Federal Regulation 10.222
- b. National Guard Bureau (NGB) Memorandum, 23 February 2011, "Policy for Placing Technicians on Light Duty (TN 11-02)"
- c. Army Regulation (AR) 40-501, 4 August 2011, "Standards of Medical Fitness"
- d. California Military Department Regulation 600-1, 26 August 13, "Military Personnel on State Active Duty"
- e. California National Guard (CNG) Federal Personnel Regulation (FPR) 931, 1 August 2009, "Reasonable Accommodations for Individuals with Disabilities"
- f. Technician Personnel Regulation (TPR) 715, 13 July 2007, "Voluntary and Non-Disciplinary Actions"
- g. Air Force Instruction (AFI) 36-2910, 4 Oct 2002 "Line of Duty (Misconduct) Determination"
- h. Department Of Defense Instruction (DODI) 6055.07, 6 June 2011, "Mishap Notification, Investigation, Reporting, and Record Keeping"
- i. Current negotiated agreement between Laborer's International Union of North America (LIUNA) and the California National Guard.
- j. Current negotiated agreement between Association of Civilian Technicians (ACT) and the California National Guard.
- k. Current negotiated agreement between National Association of Government Employees (NAGE) and the California National Guard.

ENCLOSURE B
LIGHT DUTY REQUEST

REQUEST FOR LIGHT DUTY

PART A - (To be completed by employee and given to immediate supervisor)

I am requesting a light duty assignment to accommodate a non-work related injury or illness, and I have attached appropriate medical documentation to support my request. All efforts will be made to provide work within my craft and salary level that meets my restrictions.

Employee's Printed Name

Physician's Name

Office/Section

HMO Number (if applicable)

Position

Physician's Telephone Number

Duty Hours/NS Days

Physician's Address

Phone Number

City and State

Signature/Date

PART B - (To be completed by employees immediate supervisor)

Based on the medical restrictions outlined on the accompanying profile or doctor's note:

_____ Work IS Available

_____ Work IS NOT Available

Supervisor's Signature

Date

Concurrence of Higher Level Manager

Date

CMD Form 1100.01

PART C - (To be completed by next higher manager)

_____ Light Duty is approved from _____ to _____. If Light Duty is required beyond 90 days,
Medical Unit concurrence is required. See Part D.

_____ Light Duty is denied. (Provide employee with a written notice as to the reason(s) for denial of Light
Duty work.)

Signature/ Concurrence (Manager)

Date

Printed Name (Manager)

PART D - (To be completed by HRO or OHN)

IF APPROVAL OF LIGHT DUTY IS FOR 90 DAYS OR MORE

Signature/ Concurrence of OHN or HRO

Date

PRIVACY ACT STATEMENT: "The collection of this information is authorized by 39 U.S.C. 401 and 1001. This information will be used to make a determination concerning your request for light duty or return to duty after surgery/ illness / injury. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security, clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to the Office of Personnel Management in making determination related to veterans preference, disability retirement and benefit entitlement; to officials of the Office of Worker's Compensation Programs, Retired Military Pay Centers, Veterans Administration, and Social Security Administration in the administration of benefit programs; to an employee's private treating physician and to medical personnel retained by the USPS to provide medical services in connection with an employee's health or physical condition related to employment; and to the Occupational Safety and Health Administration and the National Institute of Occupational Safety and Health when needed by that organization to perform its duties under 29 CFR Part 19. Completion of this form is voluntary; however, failure to provide information may result in disapproval of your request."

CMD Form 1100.01

PHYSICIAN OR PRACTITIONER CERTIFICATION

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

Patient's Name (PRINTED)

What is the cause of the employee's need for a restricted work assignment, and what parts of the body are affected? (DO NOT INCLUDE DETAILED MEDICAL INFORMATION)

Estimate duration for restriction(s). Give specific date, if known: _____

What was the last date you examined the employee? _____

Please indicate below the patient's ability to perform the following tasks continuously or intermittently, and give the number of hours per day they may perform each task:

ACTIVITY	CONTINUOUS	INTERMITTENT	#HRS/Day
1. Lifting/ Carrying: (State Max. Weight)	#Lbs.	#Lbs.	
2. Sitting			
3. Standing			
4. Walking			
5. Climbing			
6. Kneeling			
7. Bending/Stooping			
8. Twisting			
9. Pulling/Pushing			
10. Simple Grasping			
11. Fine Manipulation (includes keyboarding)			
12. Reaching above Shoulder			
13. Driving a Vehicle (Specify)			-
14. Operating Machinery (Specify)			
15. Temperature Extremes			
16. High Humidity			
17. Chemical, Solvents, etc. (Identify)			
18. Fumes/Dust (Identify type)			
19. Noise (Give dBA)			
20. Other: (Describe)			
21. Are interpersonal relations affected because of a neuropsychiatric condition? (e.g., Ability to give or take supervision, meet deadlines, etc.) _____ Yes _____ No (Describe) _____ _____ _____			

Attach any additional medical information you feel might be helpful in assigning this employee to appropriate duties.

Doctor Signature Doctor's Name (PRINTED) Specialty Date

Address City and Zip Code Phone

CMD Form 1100.01

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AGR	Active Guard Reserve
AF	Air Force
AFI	Air Force Instruction
AR	Army Regulation
ADT	Active Duty Training
ADOS	Active Duty Operational Support
AT	Annual Training
CMD	California Military Department
CMDI	California Military Department Instruction
CNG	California National Guard
DA	Department of the Army
DODI	Department Of Defense Instruction
DS	Dual Status
FPR	Federal Personnel Regulation
HRO	Human Resources Office
IAW	In Accordance With
ICPA	Injury Compensation Program Administrator
IDT	Inactive Duty Training
LOD	Line of Duty
MTF	Medical Treatment Facility
NDS	Non-Dual Status
NGB	National Guard Bureau
OCONUS	Outside Continental United States
OHN	Occupational Health Nurse
OWCP	Office of Workers' Compensation Program
PD	Position Description
SAD	State Active Duty
SCIF	State Compensation Insurance Fund
SCS	State Civil Service
TPR	Technician Personnel Regulation

PART II. DEFINITIONS

CMDI -- establish policy and assign responsibilities, including defining the authorities and responsibilities of subordinate officials or elements and provide general procedures for implementing policy.

Light duty or restricted duty -- Light duty or restricted duty is defined as a temporary, modified, or alternate work at the same or lower grade for which the employee is qualified to perform. This "status" allows the injured worker to

work before they are fully recovered and able to return to the job they had before they were injured. Note that these terms may be used interchangeably.

Policy -- higher-level directive that guide decisions and actions throughout the National Guard. Policy clarifies higher-level guidance, goals, or principles contained in the mission, vision, and strategic plan.

Temporary – a limited period of time; for the purpose of this CMDI, temporary may be up to 90 calendar days.